

HEALTH INSURANCE VERIFICATION FORM

TAX YEAR 2018

The Affordable Care Act mandates that everyone who is required to file a tax return must indicate on the tax return if he/she has health insurance coverage. This form is for you to indicate whether or not you, your spouse & dependents (if applicable) were covered by health insurance for the entire tax year of 2018

Coverage can be in any of the following:

Employer sponsored plan, Individual coverage, Government sponsored plan, Medicare, Medicaid, Pension sponsored plan or Student health insurance.

Please check the box as applicable:

Taxpayer:

I was covered by health insurance for the entire tax year of 2018 Yes
No

Spouse, if applicable:

I was covered by health insurance for the entire tax year of 2018 Yes
No

Dependent children, if applicable:

All dependents claimed on my tax return for 2018 were covered by health insurance for the entire tax year of 2018 Yes
No

Please include any copies of Form 1095(A,B or C) that you received.

Please note that by signing this form, you acknowledge that you are truthfully answering the above questions regarding health care for yourself (taxpayer), or as spouse, and if applicable, you are verifying coverage for all dependents claimed on your tax return for 2018

Signature of taxpayer _____
Date

Signature of spouse _____
Date

Please sign and return this form to our office with your tax documents.